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S015-12-A

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☒ CLEC ☐ ILEC ☐ Wireless

RECEIVED

CERTIFICATED COMPANY INFORMATION

Broadview Networks, Inc. 2015 APR -1 PM 1:17

Company Name _____ FEIN/SSN _____

1018 West 9th Ave. 610-755-4446

Dbaf/ka _____ Telephone # _____

King Of Prussia, PA 19406

Mailing Address _____

SAME

City, State, Zip Code _____

SAME

Business Location _____

SAME Montgomery

City, State, Zip Code _____ County _____

REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation System

Mailing Address: 75 Beattie Place

Greeville, SC 29601

City, State, Zip Code _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Charles Hunter

- A. **General Manager** (Include Address if different than above)
- _____
Telephone Number / Facsimile Number / E-mail Address
Lisa Taylor 800 Westchester Ave., Rye Brook, NY 10573
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
- 914-250-5420 / regulatorycomplaints@broadviewnet.com
Telephone Number / Facsimile Number / E-mail Address
Lisa Taylor
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
- 914-250-5420 / regulatorycomplaints@broadviewnet.com
Telephone Number / Facsimile Number / E-mail Address
800-276-2384
- C2. **Customer Contact** (Toll Free Number)
- _____
- D. **Engineering Operations** (Include Address if different than above)
- _____
Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)
- _____
Telephone Number / Facsimile Number / E-mail Address
- F. **Emergencies** (During Non-Office Hours)
- _____
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

- Jarrold Harper
- G. **Regulatory Officer** (Include Address if different than above)
610-755-4446 / 347-287-0845 / jharper@broadviewnet.com
Telephone Number / Facsimile Number / E-mail Address
- Jarrold Harper
- H. **Dual Party Mailings** (Name)
1018 West 9th Ave., King Of Prussia, PA 19406
(Mailing Address)
610-755-4446 / 347-287-0845 / jharper@broadviewnet.com
Telephone Number / Facsimile Number / E-mail Address
- Jarrold Harper
- I. **Interim LEC Fund Mailings** (Name)
SAME
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address
- Jarrold Harper
- J. **Universal Service Fund Mailings** (Name)
SAME
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address
- Jarrold Harper
- K. **Gross Receipts Mailings** (Name)
SAME
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address
- Jarrold Harper
- L. **Lifeline Mailings** (Name)
SAME
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

Jarrold Harper

This form was completed by

Manager, Regulatory & Compliance

Title

Jarrold Harper
Signature

/ 03/20/15

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Attn: Clerk's Office

Post Office Drawer 11649

Columbia, South Carolina 29211

And

Office of Regulatory Staff

Attn: Jeanne Gordon

1401 Main Street, Suite 900

Columbia, South Carolina 29201